



Gloucestershire County Council.
ANNUAL REPORT
of the County Medical Officer of Health
for the year 1942.

LANGHAM HOUSE,
BERKELEY STREET,
GLOUCESTER,
June, 1943.

*To the Chairman and Members of
the Public Health Committee.*

MISS RATCLIFF, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the County for the year 1942.

Like its war-time predecessors, it is a brief outline of the main features of the work done during the year, and a short description of some of the factors influencing the health of the population.

Vital Statistics.

The death rate is 11.8 as compared with 12.1 in the preceding year, and the birth rate shows a remarkable rise from 15.6 in 1941 to 18.1 in 1942. The infantile mortality rate is 38 per 1,000 live births, which is a record low figure and compares very favourably with 45, 46 and 43 for the years immediately preceding the war. The rate for the country as a whole for 1942 is 49 per 1,000 live births.

These statistics, whilst providing only an indication of the general health and welfare of the population, constitute a remarkable record for the fourth year of the war, and give cause for satisfaction without giving reason for complacency.

Infectious Diseases.

The incidence of Diphtheria has again shown a decline this year, 274 cases being reported as compared with 400 in 1941 and 447 in 1940. How far this may be attributable to immunisation it is as yet too early to say, but the total number of children immunised against Diphtheria under county arrangements by the 31st December, 1942, was 43,551, or approximately sixty per cent. of the pre-school and school population, and this may well have had its effect. Every effort by propaganda, publicity and persuasion has been made locally to obtain a satisfactory response from parents, and in addition a national campaign for immunisation has been carried out with not

unsatisfactory results. A high percentage response is, however, essential to a permanently reduced incidence or eradication of the disease and further work is therefore necessary in this direction and will be carried out.

Scabies continues to be prevalent, notwithstanding the increased powers for dealing with it under the Scabies Order. Overcrowding gives rise to difficulties in applying complete and comprehensive measures for its eradication, but infected households are dealt with in so far as possible, and all the treatment and cleansing facilities of the County Council have been placed at the disposal of district authorities. Close co-operation also exists between the School Medical Service and the District Medical Officer of Health for the notification of cases of Scabies discovered at Schools.

Maternity Services.

The actual number of births in the county increased to 7,340 this year from 6,505 last year, and there was a consequent concurrent increase in the admission of patients to Maternity Homes and Hospitals. The types of patient eligible for admission under county arrangements are those with some obstetric abnormality or whose home conditions are unsuitable for confinement to take place there. The peculiar conditions of war-time have caused a large increase in the numbers seeking admission in the latter category due both to overcrowding and lack of help in the home. Many more patients, therefore, whose confinement is normal, require accommodation in a Maternity Home, and notwithstanding efforts to procure home helps, either locally or on a county basis, few women have been forthcoming who have the time or inclination to assist in the home whilst the mother has her confinement there. On the other hand, not all expectant mothers welcome a stranger coming into their homes at this time, and however useful a "home help scheme" may sound in theory, it is difficult to apply in practice, particularly in an area like Gloucestershire where it has been usual in peace-time for the majority of married women to look after their own homes and for only a small proportion to go out to work.

It was possible to deal with the increased numbers of patients requiring admission to hospital, largely on account of the authority given by the Ministry of Health to use the Emergency Maternity Hospital at Cheltenham for county residents. This hospital has 62 beds and has been a most valuable asset, but both there and at other Maternity Homes and Units in the county, there has been increasing difficulty in securing sufficient trained midwifery staff. Towards the end of the year the position was becoming acute, and representations were made to the Ministry of Health as to the likelihood of accommodation having to be reduced owing to lack of midwives. This had not been found necessary up to the end of 1942, but in the current year it has been necessary to reduce the number of beds available at the County Council Maternity Home, Tetbury, from sixteen to twelve and in May 1943 the shortage in the numbers of midwives in the county amounted to 13 in hospitals and maternity units and 16 on the districts. For a time the position at the Emergency Maternity Hospital, Cheltenham, has been desperate and it has been necessary on occasions to borrow midwives (who are on the staff as general nurses) from local war factories and to take health visitors from their normal work to cope with the demands of the maternity homes.

There is most urgent need for the direction of midwives into this work, since women are not getting the attention needed in maternity homes and hospitals owing to lack of trained staff. The registration of nurses and midwives earlier in the year has produced little or no result, and vigorous action is necessary if this vital service is to attempt to deal in any way adequately with the demands made upon it.

Venereal Diseases.

Details of the increase in Venereal Diseases and of the measures for its control are set out in the report. The total number of cases treated at county clinics was 251 as compared with 224

in 1941 and 185 in 1940, and there has been a marked increase in the numbers attending clinics and found not to be suffering from venereal disease.

Comments are made in another paragraph on the limitations of Defence Regulation 33 B and on publicity campaigns which have been carried out locally. The conditions in the county compare favourably with the country as a whole where the percentage increase in the incidence of these diseases is much greater.

Cancer.

The primary object of the Cancer Act, 1939, is the establishment of a service whereby facilities for the diagnosis and treatment of cancer will be available to all who are, or are suspected to be suffering from the disease, and the duty of making the necessary arrangements devolves upon County and County Borough Councils. These local authorities were required by the Act to submit a scheme not later than March 1940, but owing to the war this period has been extended on different occasions and the latest extension is until March 1944, but local authorities are urged to submit interim proposals pending the formulation of complete schemes.

A conference of Medical Officers of Health from Gloucestershire, Somerset, Wiltshire, Bath and Bristol was held at the Ministry of Health in July 1942, to discuss the formulation of arrangements for this part of the country, and the Public Health Committee have under consideration certain proposals for the extension of diagnostic and treatment facilities in conjunction with voluntary hospitals.

It is likely that special centres will be established at Cheltenham and Gloucester to deal with the diagnosis and treatment of cancer, and these will work in close co-operation with a specially equipped centre at Bristol. Teams of specialists will be formed to undertake work at each of the centres, and the most skilled advice will be available to all patients at consultative clinics in specially equipped radiotherapeutic departments and in the wards of the hospitals associated with the scheme.

The Radium Commission point out that amongst the remediable factors contributing to the continuing rise in the death rate from cancer, are "late diagnosis, scarcity of beds available for cancer treatment, failure to select the most appropriate treatment for each case and inefficient treatment in badly equipped centres". Any scheme, therefore, proposed by a local authority should be of a nature to deal with all these factors and the provision of the necessary skilled staffs, equipment and hospital beds must be accompanied by sufficient publicity to ensure that both the public and their doctors make the earliest possible and widest use of the facilities.

Tuberculosis.

Although the control and treatment of tuberculosis are not vested in the Public Health Committee, no report on the health of the county would be complete without some reference to this disease. The number of cases of tuberculosis notified during 1942 was 344, of these 256 were pulmonary tuberculosis and 88 other forms. A comparison of notifications over the past five years is interesting in view of the increase in tuberculosis reported in the country generally:—

		<i>Pulmonary.</i>	<i>Other forms.</i>	<i>Total.</i>
1938	...	288	149	437
1939	...	245	132	377
1940	...	294	113	407
1941	...	308	97	405
1942	...	256	88	344

It will be noted that apart from 1939 when there was a low rate of notifications, the number of cases has continued to fall during the war years, and fewer notifications were received in 1942 than in any year since statistics were available.

The number of deaths from pulmonary tuberculosis was 156 and from other forms of tuberculosis 44 and the disease remains one of the seven chief causes of death.

Conclusion.

It is gratifying to be able to report again that the health of the county remains satisfactory. The death rate is low, the birth rate is markedly increased, there has been no undue prevalence of infectious disease, and there is no indication of any deterioration in the standard of health of the population. Certain difficulties exist in maintaining an efficient health service, largely associated with lack of staff to meet the demands laid upon the department, but it has at least been possible to deal with major issues and to maintain all essential services.

I have the honour to be,

Your obedient servant,

H. KENNETH COWAN,

County Medical Officer of Health.

STAFF.

County Medical Officer of Health and School Medical Officer—

H. KENNETH COWAN, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer—

J. S. COOKSON, M.A., M.D., D.P.H.

Maternity and Child Welfare Medical Officer—

E. CATHERINE MORRIS JONES, M.B., B.S., D.P.H.

Tuberculosis Officers (jointly with City of Gloucester)—

W. ARNOTT DICKSON, M.D., M.R.C.P., F.R.C.S., D.P.H.

(also Medical Superintendent of Standish House Sanatorium).

E. D. D. DAVIES, M.R.C.S., L.R.C.P., D.P.H.

F. H. WOOLLEY, M.R.C.S., L.R.C.P., L.D.S.

Assistant County Medical Officers—

J. S. CAMERON, M.B., Ch.B., D.P.H. (resigned 31-1-42).

ISABEL R. GORDON, M.B., Ch.B., D.P.H.

CATHERINE E. HIGNELL, M.R.C.S., L.R.C.P. (appointed 30-3-42) (temporary).

ANNE C. MAXWELL, M.B., B.Ch., B.A.O., D.P.H. (temporary) (resigned 31-12-42).

PHYLLIS BOWEN, M.R.C.S., L.R.C.P., D.P.H. (temporary).

†ENID M. CLOW, M.B., Ch.B., D.P.H. (appointed 18-8-42) (temporary).

A. T. HUNT, M.R.C.S., L.R.C.P. (appointed 16-3-42) (resigned 20-5-42) (temporary).

†S. KNIGHT, M.B., B.S., D.P.H.

†M. L. SUTCLIFFE, M.R.C.S., L.R.C.P., D.P.H.

N. D. DUNSCOMBE, M.B., Ch.B., M.R.C.S., D.P.H.

J. H. KITSON, M.B., Ch.B., M.R.C.S., D.P.H.

} also District Medical
Officers of Health.

Senior Dental Officer—

J. FLETCHER, L.D.S., R.C.S. Eng.

Assistant Dental Officers—

MARY M. CLERKE, B.D.S.

P. J. WAKLEY, L.D.S. (retired 31-1-43).

B. F. WREN, L.D.S.

D. A. THOMAS, L.D.S. (appointed 1-9-42).

MURIEL S. COSH, B.D.S.

A. A. WOOD, L.D.S.

County Sanitary Inspector—

†B. J. DODSWORTH, C.R.S.I., M.S.I.A.

S. B. J. DAVIES, A.R.San.I., M.S.I.A. (appointed 1-4-42) (temporary).

Milk Sampling Officers—

†F. W. GOODERHAM.

†J. I. DUBERLEY, N.D.A.

W. D. ARDERN, N.D.D.

LILIAN S. SMITH (temporary)

(resigned 31-3-42).

(resigned 9-8-42).

JOYCE WORLOCK (temporary).

KATHLEEN M. WALKLEY (temporary)

(appointed 23-8-42).

EDNA M. RICHARDSON (temporary)

(appointed 7-4-42).

Health Visitors and School Nurses—

MISS M. A. BACH.

*MRS. V. M. BAUSOR.

MISS W. M. BECKENSALL.

*MISS M. BENNETT (resigned 31-12-42).

MISS E. V. HOWSE.

MISS E. N. JAMES (resigned 22-12-42).

*MRS. I. V. LADD.

*MRS. F. E. LYNE (retired 1-7-42).

MISS M. LANGTON (resigned 30-4-42).

MISS M. S. PAYNE.

MISS A. SOMERFIELD.

MRS. P. E. WATKINS.

MRS. L. WRIGHT.

MRS. TURNER (appointed 1-6-42).

MISS C. R. WHEELER (appointed 1-6-42).

MISS N. ROSSER (appointed 14-9-42).

DISTRICT NURSES: 101 (part-time).

*Also Supervisors of Midwives.

Orthopaedic After-care Sisters—

MISS D. A. RODENHURST.

MISS D. HOUGH.

MRS. E. M. CAPELL (resigned 31-1-42).

MISS J. W. STORER (appointed 2-2-42).

Dental Attendants—

MISS W. FREEMAN.

MISS M. HUNT.

MISS A. G. POWELL.

MISS W. H. ROBERTS.

MISS W. G. STEPHENS.

MRS. K. WARREN (resigned 31-8-42).

Civil Nursing Reserve Organiser—

MISS J. B. PARKER

†Absent on Service with H.M. Forces.

REPORT.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres):—

Urban	...	...	...	...	...	...	...	...	24,179
Rural	...	...	...	...	...	...	...	...	749,821
									774,000

Population:—

Registrar-General's Estimate, mid-1942—

Urban	...	...	...	...	...	...	...	138,600	
Rural	...	...	...	...	...	...	...	266,100	
									404,700

Census, 1931—

Urban	...	...	...	...	...	...	...	108,662	
Rural	...	...	...	...	...	...	...	222,037	
									330,699

Rateable Value	...	...	...	...	...	...	...	...	£1,922,691
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Sum represented by a penny rate	...	...	...	...	...	...	...	...	£7,713
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Extract from Vital Statistics of the year (whole County):—

Live Births—Legitimate	...	...	...	...	...	...	6,899
Illegitimate	...	...	...	...	...	...	441
							7,340

Birth Rate per 1,000 of population	...	...	...	...	...	...	...	18.1
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Still Births—225. Rate per 1,000 total births	...	...	...	...	...	...	...	30.7
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Deaths—4,772. Death Rate	...	...	...	...	...	...	...	11.8
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Deaths from Puerperal causes:—

Puerperal sepsis	...	...	...	...	...	...	7
Other puerperal causes	...	...	...	...	...	...	21
							—
							28
							—

Death Rate of Infants under one year of age:—

All infants, per 1,000 live births	...	...	...	...	...	...	...	38
Legitimate infants, per 1,000 legitimate live births	...	...	...	...	...	...	...	36
Illegitimate infants, per 1,000 illegitimate live births	...	...	...	...	...	...	...	70

Deaths from:—

Cancer (all ages) ...	...	...	...	...	...	...	660
Measles (all ages) ...	...	...	...	...	...	...	7
Whooping Cough (all ages) ...	...	...	...	...	...	...	10
Diarrhoea (under 2 years of age) ...	...	...	...	...	...	...	15

1. *Birth Rate.*

The Birth Rate for the year 1942 is 18.1 per 1,000 of the population, as compared with 16.1 in 1940.

The following table shows the comparative figures for the past five years:—

	1938	1939	1940	1941	1942
Urban	15.1	15.8	16.6	15.1	17.1
Rural	16.2	16.5	15.8	15.9	18.7
Administrative County ..	15.8	16.3	16.1	15.6	18.1
England and Wales	15.1	15.0	14.0	14.2	15.8

2. *Death Rate.*

The Death Rate for the year is 11.8 as compared with a rate of 12.1 last year.

The total number of deaths in the County during 1942 was 4,772 and the seven chief causes of death with the corresponding percentage of total deaths, was as follows:—

Heart Disease ...	...	...	...	...	...	27.87
Cancer (all sites) ...	...	...	...	...	...	13.83
Intracranial Vascular lesions	...	...	...	...	...	10.16
Violence ...	...	...	...	...	...	5.64
Bronchitis ...	...	...	...	...	...	4.32
Tuberculosis (all forms) ...	...	...	...	...	...	4.19
Pneumonia ...	...	...	...	...	...	4.17

Table of the seven chief causes of death:—

The seven chief causes of death.	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	U	R	Whole County
Heart Disease ..	486	3.51	844	3.17	1330	3.29	28.19	27.69	27.87
Cancer—all sites ..	249	1.80	411	1.54	660	1.63	14.40	16.77	13.83
Intracranial Vascular lesions ..	178	1.28	307	1.15	485	1.20	10.33	10.07	10.16
Violence ..	89	.64	180	.68	269	.66	5.16	5.91	5.64
Bronchitis ..	82	.59	124	.47	206	.51	4.76	4.07	4.32
Tuberculosis—all forms ..	80	.58	120	.45	200	.49	4.64	3.93	4.19
Pneumonia ..	72	.52	127	.48	199	.49	4.18	4.17	4.17

3. *Infantile Mortality.*

The Infant Mortality Rate for the County for 1942 is 38 as compared with 48 last year. The rate for England and Wales for the same period is 49.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1937	81	59	146	42	227	45	58
1938	69	39	181	49	250	46	53
1939	75	39	174	45	249	43	50
1940	104	50	178	45	282	47	55
1941	112	47	224	49	336	48	59
1942	95	40	185	37	280	38	49

Infectious Diseases.

There was again a decrease in the number of cases of Diphtheria. The notifications numbered 274 as compared with 400 in 1941 and 447 in 1940. Scarlet Fever showed an increased incidence, 699 cases being reported against 562 the previous year. The number of cases of Cerebro-spinal Fever was 58 in comparison with 52 in 1941, but there was no concentration in any one area. With the exception of Measles, which was prevalent towards the end of the year, there was no undue incidence of infectious diseases generally throughout the year.

Immunisation against Diphtheria proceeded during the year somewhat more slowly than in 1941, but a total of 30,157 school children and 13,394 pre-school children had been immunised by the end of the year. Routine immunisation of children on entrance to school has been instituted and it is hoped this will before long become an accepted part of the entrant medical examination.

Propaganda at Schools and Welfare Centres was continued, and special meetings were held at certain centres in the County at which the diphtheria film was shown and a talk given on the advantages of immunisation.

MATERNITY AND CHILD WELFARE.

1.—Maternity Services.

(a) Midwifery.

During the year 293 midwives notified their intention to practise in the County; 20 were employed in County Council Institutions, 180 by Voluntary Associations and 93 in private or hospital practice. Of these, 280 were resident in the County and 13 live outside the County boundary.

(b) Ante-natal and Post-natal Examinations.

The use made of the service of general practitioners in accordance with the County Scheme continues to be satisfactory in regard to ante-natal examinations, but the importance of a post-natal examination in every case is not yet sufficiently well recognised. The Ante-natal Clinics conducted by Medical Officers of the local authority at Soundwell, Lydney and Cinderford continue to deal with satisfactory numbers of women, including a proportion of cases referred by local doctors.

(c) *Maternity Hospitals.*

The number of women admitted to Maternity Hospitals during the year under County arrangements was 1,029. Of these, 272 were dealt with at the Cotswold Maternity Home, Tetbury.

2.—Child Welfare Services.

The number of Child Welfare Centres in the County is 64. The following is a summary of the visits made by Health Visitors during the year:—

To children under one year of age—

First visits—5,728.

Total visits—34,672.

To children between one and five years—

Total visits—54,032.

VENEREAL DISEASES.

The returns of the number of persons attending Venereal Diseases Clinics serving the County shows that there has been an increase in the numbers of sufferers amounting to approximately thirty per cent, in comparison with 1939 and eight per cent. as compared with 1941. There has also been a marked increase in the number of persons attending clinics found not to be suffering from Venereal Disease which would appear to indicate that the greater publicity given to the subject has resulted in wider use of the clinics by those who suspect they may have contracted Venereal Disease. The conditions in the County compare favourably with the Country as a whole where the percentage increase in incidence is much greater.

During the year, Defence Regulation 33 B came into operation and several notifications from clinics have been received. It is necessary before official action can be taken under the regulation that notification be received from a special practitioner of two sufferers who have contracted the disease from the same ‘‘contact.’’ It is then possible to require the ‘‘contact’’, under penalty, to attend for examination and treatment. The weakness of the regulation lies in the need for two notifications, and in practice the numbers of single notifications are out of all proportion to those where two have been received.

The net result is that many names of alleged ‘‘contacts’’ are notified and these may be sufferers who are not undergoing treatment and who are spreading the disease, but until a second notification is received no action under Regulation 33 B can be taken. Whilst the difficulties of applying compulsion and the dangers of malicious action without two notifications are appreciated, it must be realised that the present powers are very limited in scope and will do little to control the incidence of these diseases.

Publicity, both national and local, has been greatly increased, and by press advertisements, films and talks, an attempt has been made to focus attention on the question of Venereal Diseases and widen the knowledge of the public on all aspects of the problem. Particular attention has been devoted to the importance of early treatment, but the larger issue of prevention presents a complicated and complex social issue which is not only the concern of the public health authorities. The Public Health Committee have given frequent and careful consideration to the matter, and in co-operation with the Central Council for Health Education will undertake further campaigns in factories and elsewhere. Arrangements were in course of preparation late in 1942 for a three

weeks tour, early in 1943, by experts of the Central Council, of factories in the County, to be combined with talks to youth organisations and lectures at public meetings with film displays. These local efforts, combined with national publicity, ensure that knowledge of Venereal Diseases will be widely disseminated, but how far they will be of value in their control without the moral issues having equal emphasis is speculative.

The question of the provision of additional clinics for the treatment of Venereal Diseases is under consideration, and it is likely that in 1943 additional sessions at existing clinics, and one or more new clinics will be made available.

CIVIL DEFENCE.

1.—Casualty Services.

(a) *First Aid Posts and Parties.*

Certain additions have been made to the first aid services by the establishment of further upgraded first aid points, otherwise no alterations of material importance have been put into effect. The training of first aid parties in rescue work has progressed during the year, and when amalgamation of the first aid party and rescue services takes place, a high proportion of the personnel will already have a fair standard of training in rescue methods.

The chain of first aid posts in urban areas, upgraded first aid points in semi-urban and rural areas, and first aid points in villages, forms a complete system of static first aid services throughout the County. Many of the village aid points are unofficial and have been equipped and staffed through local enterprise, and form a valuable addition to the official services. Efforts by the County Emergency Committee to have these points recognised, at least in so far as the personnel are concerned, have been unsuccessful, as yet, but the matter is still being pursued.

Exercises held at intervals in various areas disclose that the services have a reasonably high standard of efficiency, and continuous training, both collective and combined, is carried on to maintain this standard. During the early summer a first aid party and rescue party competition was held throughout the County on an eliminatory basis. The finals of the competition held at Stratford Park, Stroud, in the presence of the Regional Commissioner and County Controller, were keenly contested and the efficiency of the competing teams was the subject of favourable comment. The competition stimulated the interest of the services and very keen local rivalry was engendered with consequent benefit to the training of all the personnel involved.

(b) *Hospital Services.*

Hospitals in the County continue in a state of readiness for the reception of casualties from air raids and, in addition, cater for the needs of all patients in emergency medical service categories, service, civilian, war workers, evacuees, etc.

No major developments have taken place during the year, but minor improvements and adaptations have been made.

(c) *Casualty Bureau.*

The combined casualty bureau for the City and County operates day and night, and is responsible for all records in connection with admissions of E.M.S. patients to hospital. A Medical Officer and Clerk are on duty each night at the County Control room to deal with hospital matters in connection with any situation which may arise.

2.—Evacuation.

(a) *Expectant Mothers.*

Convoys of expectant mothers continue to be received into the County from evacuation areas, and the ante-natal hostel and emergency maternity hospital have dealt with considerable numbers during the year. Increasing use of the latter for county residents has been necessary, owing to the continued strain on existing maternity home accommodation, and the concession by the Ministry of Health for the use of the beds has been of great value.

The major difficulty in dealing with maternity cases has been lack of trained staff, and it is seldom that any maternity home in the County has a full complement of midwives. Arrangements were made originally for the loan of midwives from evacuation areas, but these have been gradually withdrawn owing to increasing calls for their services in their own areas. The depletion in staff and the continually increasing difficulty in finding replacements has added very materially to the burdens of those remaining, and consequently has resulted in decreased efficiency in the conduct of maternity hospitals and homes.

Ante-natal clinics continue at the hostel and emergency maternity hospital under the supervision of the resident obstetric surgeon. For women billeted in the County ante-natal supervision is provided by the district nurse midwives and private practitioners.

(b) *Unaccompanied Children.*

The number of unaccompanied elementary school children billeted in the County from other areas again showed a decrease, and in December 1942 was 2,084 as compared with 4,293 in December 1941.

The sick bays and hostels continue to deal with minor illnesses and difficulties and the arrangement for the co-ordination of their activities through the county health department is of value in that children from the area of any district council can be admitted to the appropriate sick bay without delay. Returns of bed-states are made to the health department regularly, the available accommodation throughout the county is known and arrangements for admissions can be made accordingly.

Residential Nurseries in the county deal with many unaccompanied children under school age, and the total of these nurseries in the County is now 16. They are under the supervision of Medical Officers of the County Council, who are also responsible for the routine medical examinations at regular intervals of all children resident in the nurseries. This work imposes a considerable additional strain on the medical staff, and during the year the Ministry of Health gave authority for the appointment of an additional woman Medical Officer. Unfortunately, at the end of the year intimation was received that she was likely to be recruited to H.M. Forces and would not be replaced. The position, therefore, is not improved, indeed the opening of further war-time day nurseries during 1943 will aggravate it considerably and much essential work has been and will be neglected.

In the early part of the year, in response to a circular letter from the Ministry of Health, arrangements were commenced for the establishment of war-time nurseries for the children of mothers employed on essential war work. By arrangement with the Stroud Urban District Council, a day nursery was opened at Stratford Park, Stroud, on 1st April 1942, and in November a similar nursery was commenced at Cirencester. Preparations were in a varying stage of progress for nurseries in other parts of the County, and in 1943 more have been opened.

The response from parents has up to the present been disappointing, and in no case has a nursery been used to more than 50 per cent. capacity. Every effort has been made to make them as widely known as possible, but the numbers in attendance do not seem in some instances to justify their continuance, and already consideration is being given to closure in these cases.

